

Identification and Development of Referral Systems for TANF Clients with Learning Disabilities

Prepared by:

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I. INTRODUCTION

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The Welfare Peer Technical Assistance Network supported a one and one-half day technical assistance event in New Hampshire on April 4 and 5, 2000. The first day of the event centered on training for approximately 25 state professionals working with TANF clients with learning disabilities.¹ The second day involved an extensive discussion with the New Hampshire Learning Disabilities Coordinator, Ms. Linda Swenson, and provided an evaluation of the current process of identification and referral for TANF clients with learning disabilities in New Hampshire. Mr. Daniel Fey, Learning Disability Project and Educational Services Coordinator for the Seattle-King County One-stop Center, and a BRIDGES² trainer, facilitated the training day and provided his expertise in evaluating the current assessment and referral system. Dr. Jeanette Hercik, from the Welfare Peer Technical Assistance Network, was also present for the training day and the evaluation.

¹ See Appendix A for the agenda for the day and Appendix B for the list of participants.

² BRIDGES to Practice is a program developed by the National Adult Literacy and Learning Disabilities Center and funded through the National Institute for Literacy by the Department of Education Office for Vocational and Adult Education. Its goals are to bring about a broader awareness of learning disabilities and their impact on the provision of literacy services; to enhance the skills of practitioners working with persons with learning disabilities and to provide a set of practical tools to be used by these practitioners.

II. BACKGROUND

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Learning disabilities (LD) is an umbrella term that describes a wide variety of disorders, including disorders in one or more of the basic psychological processes involved in understanding or using spoken or written language. Varying estimates of the number of American adults with learning disabilities range from 3 to 15 percent of the general population. The estimate of the prevalence of LD increases greatly among subsets of populations. For example, a study conducted by the Department of Labor estimated that 50 to 80 percent of the Adult Basic Education population had LD. In the States of Washington and Kansas, the Departments of Health and Human Services estimated 38 to 44 percent of their TANF population had LD. There are currently 13 accepted definitions of learning disabilities used throughout the country by professional and advocacy organizations. It is important to recognize that definitions of learning disabilities have been developed not only to clarify the nature of the disability, but to determine who is eligible for certain services. States should understand the various Federal laws³ that require certain services for individuals with disabilities. The definition of learning disability used by the National Adult Literacy and Learning Disabilities Center is that of the National Joint Committee on Learning Disabilities (NJCLD). This definition is:

“Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviors, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability. Although learning disabilities may occur concomitantly with other handicapping conditions (for example, sensory impairment, mental retardation, serious emotional disturbance) or with extrinsic influences (such as cultural differences, insufficient or inappropriate instruction), they are not the result of those conditions or influences.” (National Joint Committee on Learning Disabilities, 1994, p. 16).

³ Learning disabilities are recognized as a disability under a variety of Federal laws, and as such, individuals with learning disabilities are entitled to a number of support services and educational and workplace accommodations. These laws include:

Individuals with Disabilities Education Act (IDEA): Under this act, young people (before 22nd birthday) with disabilities must receive testing and transition services as a part of their educational program. The sections referring to “school age” students also pertain to young people under the age of 22 if they have not obtained a regular high school diploma.

Section 504 of the Rehabilitation Act of 1973: Students who do not qualify for special education under IDEA, may receive special education assistance or accommodations under this section of this act. Adults with learning disabilities also are covered under Section 504. They are entitled to assessment and accommodation to maximize their employment and economic well being.

Americans with Disabilities Act (ADA): This Act ensures that individuals with disabilities can access businesses and other public and private entities. This law also prohibits discrimination against people with disabilities with respect to employment.

Learning disabilities are often overlooked and unidentified. Many low-income individuals enter the welfare system without ever having had a formal diagnosis or assessment to detect a learning disability. Research shows that girls, in particular, are often not diagnosed as LD as frequently as boys because males act up in school more readily. Often adults with learning disabilities are unemployed or under-employed. Adults with learning disabilities can be and often are successful when their disability is recognized. Thus, given the current “Work First” culture of welfare reform, it is critical that TANF clients be identified and assessed as soon as possible, appropriate referrals to vocational and educational opportunities be completed and that necessary pre- and post-employment accommodations be made. Accommodations can help learning disabled individuals reach their full potential in the workplace.

1. THE NEW HAMPSHIRE TRAINING DAY

National studies indicate that individuals who are not able to support themselves through work may be at a higher risk of having a learning disability. This disability would make it very difficult for an individual to progress into a career path that would allow them to be independent of TANF financial assistance. Mr. Fey first provided the group with an appreciation of what was going on around the country. He shared information about both the Washington State and Kansas efforts to develop intake models for welfare clients that identify disabilities. In these two states, they are also training staff on how to work effectively with clients with disabilities and how to develop links to community-based organizations with expertise in disability issues. Their activities include developing focused LD screening tools; and testing different approaches—instruction, support services, job coaching—that may increase learning disabled recipients’ likelihood of success in education, job training and employment.

Mr. Fey specifically shared with the group the lessons attained so far through the Seattle-King County Private Industry Council (PIC) Learning Disabilities Project. The PIC serves many different populations: out-of-school youth, the homeless, public housing residents, dislocated workers, and welfare recipients. One-stop caseworkers are trained to identify adults who show signs of learning disability and are given sensitivity training. There are four main components to the program:

- Screening one-stop participants suspected of having a learning disability;
- Formally testing for learning disabilities and any emotional problems that would impede employment or training;
- Identifying the appropriate accommodations to aid the individual’s job or training situation; and
- Following up with the client to make sure accommodations are being implemented. Specialized LD caseworkers are utilized in working directly with clients who have screened positively for LD. These LD lead caseworkers participate in a six-day

training initiative targeted at appropriate identification, assessment and referral protocols, in order to help LD specialist to refer and manage cases.

Mr. Fey stressed the importance of “organizational culture” in appropriately identifying clients with LD. For the most part, many of these clients do not recognize their own learning disability and have never been assessed for a learning disability. Some of these clients may also fear the stigma associated with being identified as “learning disabled.” Thus, Mr. Fey reiterated the absolute necessary to prepare and train adequately staff who are administering a screening tool. Caseworkers at the Seattle-King PIC participate in extensive sensitivity training that instructs them how to recognize signs that may indicate that a client has a learning disability prior to administration of the instrument.

If a caseworker notices signs of a learning disability, a short screening tool is administered to determine whether the client is at-risk of having a learning disability. This screening tool is a 13 question instrument adapted from a 50 question questionnaire developed by Nancie Payne, Senior Consultant, Payne and Associates, Olympia, Washington, under contract for the Washington State Division of Employment and Social Services Learning Disabilities Initiative (See Exhibit I).⁴ It is at this point in the process that clients are asked to sign a confidentiality and release form (See Exhibit II). The revised screening tool, now in the public domain and available for program use, is attached as Exhibit V, and can be found at www.skepic.org under “Learning Disabilities Project,” then “screening tools.”

If the screening tool identifies a client to be at high risk of having a learning disability (score 12 and above), the caseworker recommends a comprehensive assessment to confirm the presence of a learning disability and to better gauge how this learning disability might impede employment. The assessment tests can include the following: the Weschsler Adult Intelligence Scale—third edition (WAIS III); the Woodcock Johnson Psychoeducational Battery-Revised (WJ-R); and additional tests of cognitive processing. Once this assessment is completed, the client, the diagnostician, the LD case manager, and the primary caseworker meet in a team staffing to discuss the results of the testing with the client and outline potential training options and potential accommodations for the workplace. Most often, the client needs time to digest this information, and thus there is a follow-up meeting between the LD case manger and the client to further discuss the diagnosis and workplace accommodations necessary. It is at this follow-up meeting that the LD case manager discusses the different strategies to disclose the client’s disability to the employer or the instructor (if they are preparing to complete their GED or enter a training program). The Americans with Disabilities Act (ADA) requires employers to make “reasonable accommodations” for employees with learning disabilities. If these

⁴ This questionnaire was developed, tested and validated in welfare offices in the state of Washington. The 13-question survey was shown to accurately predict individuals with learning disabilities 73 percent of the time.

accommodations are too expensive, the clients might be eligible for vocational rehabilitation funding.

Exhibit I: Learning Needs Screening**LEARNING NEEDS SCREENING**

INTERVIEWER NAME: _____

INTERVIEW DATE: _____

CLIENT NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ GENDER: ☐ Male ☐ Female

HOW MANY YEARS OF SCHOOLING HAVE YOU HAD? _____

CHECK ALL EARNED: ☐ High School Diploma ☐ GED ☐ Technical/Vocational Certificate
☐ AA degree ☐ Other (specify): _____

WHAT KIND OF JOB WOULD YOU LIKE TO GET? _____

DO YOU HAVE EXPERIENCE IN THIS AREA? ☐ Yes ☐ No

WHAT MAKES IT HARD FOR YOU TO GET OR KEEP THIS KIND OF JOB? _____

WHAT WOULD HELP? _____

~~~~~

**BEFORE PROCEEDING TO THE QUESTIONS, READ THIS STATEMENT ALOUD  
TO THE CLIENT:**

The following questions are about your school and life experiences.

We're trying to find out how it was for you (or your family members) when you were in school or how some of these issues might affect your life now. Your responses to these questions will help identify resources and services you might need to be successful securing employment.

See final page for directions and scoring

The Learning Needs Screening is not a diagnostic tool and  
should not be used to determine the existence of a disability

**Exhibit I: Learning Needs Screening (cont.)**

|                                                                               |                                                          |
|-------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Section A</b>                                                              |                                                          |
| 1. Did you have any problems learning in middle school or junior high school? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do any family members have learning problems?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you have difficulty working with numbers in columns?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have trouble judging distances?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you have problems working from a test booklet to an answer sheet?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Count the number of "Yes's" for Section A</i>                              |                                                          |
|                                                                               | <b>X 1 =</b>                                             |

|                                                                                 |                                                          |
|---------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Section B</b>                                                                |                                                          |
| 6. Do you have difficulty or experience problems mixing arithmetic signs (+/x)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Did you have any problems learning in elementary school?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Count the number of "Yes's" for Section B</i>                                |                                                          |
|                                                                                 | <b>X 2 =</b>                                             |

|                                                                           |                                                          |
|---------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Section C</b>                                                          |                                                          |
| 8. Do you have difficulty remembering how to spell simple words you know? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Do you have difficulty filling out forms?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Did you (do you) experience difficulty memorizing numbers?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Count the number of "Yes's" for Section C</i>                          |                                                          |
|                                                                           | <b>X 3 =</b>                                             |

|                                                                            |                                                          |
|----------------------------------------------------------------------------|----------------------------------------------------------|
| <b>Section D</b>                                                           |                                                          |
| 11. Do you have trouble adding and subtracting small numbers in your head? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Do you have difficulty or experience problems taking notes?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Were you ever in a special program or given extra help in school?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>Count the number of "Yes's" for Section D</i>                           |                                                          |
|                                                                            | <b>X 4 =</b>                                             |

**TOTAL YES'S MULTIPLIED BY FACTOR INDICATED  
FOR SECTIONS A, B, C, D**

\_\_\_\_\_

See final page for directions and scoring

The Learning Needs Screening is not a diagnostic tool and should not be used to determine the existence of a disability

**Exhibit I: Learning Needs Screening (cont.)**

14. Check to see if the client has ever been diagnosed or told he/she has a learning disability. If so,

By whom? \_\_\_\_\_

\_\_\_\_\_

When? \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LEARNING NEEDS SCREENING DIRECTIONS**

1. Ask the client each question in each section (A, B, C, D) and question #14.
2. Record the client's responses, checking "Yes" or "No."
3. Count the number of "Yes" answers in each section.
4. Multiply the number of "Yes" responses in each section by the number shown in the section subtotal. For example, multiply the number of "Yes's" obtained in Section C by 3.
5. Record the number obtained for each section after the "=" sign in the section subtotal.
6. To obtain a Total, add the subtotals from sections A, B, C and D.  
**If the Total from sections A, B, C and D is 12 or more, refer for further assessment.**

This Learning Needs Screening was developed by Nancie Payne, Senior Consultant, Payne & Associates, Olympia, Washington, under contract for the Washington State Division of Employment and Social Services Learning Disabilities Initiative (November 1994 to June 1997).

The Learning Needs Screening is not a diagnostic tool and should not be used to determine the existence of a disability

**Exhibit I: Learning Needs Screening (cont.)****ADDITIONAL QUESTIONS WHICH MAY BE ASKED:****GLASSES:**Does the client need or wear glasses? Yes ☐ No ☐Last examination was within two years? Yes ☐ No ☐**HEARING:**Does the client need or wear a hearing aid? Yes ☐ No ☐**MEDICAL/PHYSICAL:**

Has the client experienced any of the following:

- multiple, chronic ear infections Yes ☐ No ☐
- multiple, chronic sinus problems Yes ☐ No ☐
- serious accidents resulting in head trauma Yes ☐ No ☐
- prolonged, high fevers Yes ☐ No ☐
- diabetes Yes ☐ No ☐
- severe allergies Yes ☐ No ☐
- frequent headaches Yes ☐ No ☐
- concussion or head injury Yes ☐ No ☐
- convulsions or seizures Yes ☐ No ☐
- long-term substance abuse problems Yes ☐ No ☐
- serious health problems Yes ☐ No ☐

Is the client taking any medications that would affect the way he/she is functioning? Yes ☐ No ☐

If yes, what is the client taking? \_\_\_\_\_

How often? \_\_\_\_\_

Does the client need medical or follow-up services? Yes ☐ No ☐

Referrals needed/made: \_\_\_\_\_

**Exhibit II: Confidentiality and the Release of Information****CONFIDENTIALITY AND THE RELEASE OF INFORMATION**

Client Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Referring Case Manager: \_\_\_\_\_

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The learning disabilities program requires that confidential information about your disability or other pertinent information be shared among specific professionals working with you. The information you allow to be shared among the professionals will be used only to help you succeed in your employment and training goals. It may become necessary to share your information with other professionals such as an instructor and/or employer, but this will only be done with your permission.

By signing your name below, you are agreeing to share your information with the LD Diagnostician, the LD Consulting Case Manager, the LD Project Coordinator, and your referring case manager. By signing below, you also acknowledge that this form has been read out loud to you and that you have been asked if you understand what this form means. This release shall remain in effect for one year from the date of your signature below.

\_\_\_\_\_  
Client Signature                      Date\_\_\_\_\_  
Referring Case Manager Signature                      Date\_\_\_\_\_  
Signature                      Date                      Client Initials                      Date\_\_\_\_\_  
Signature                      Date                      Client Initials                      Date

This form is in effect through: \_\_\_\_\_

Mr. Fey reiterated the importance of appropriate screening tools and protocols to be in place to effectively assess TANF clients with learning disabilities. More importantly, he stressed that it was incumbent on the TANF program or the one-stop center to develop significant relationships with vocational rehabilitation programs and community initiatives so that, once disabilities are identified, appropriate referrals to programs can be made. Developing these systems—this support infrastructure—was critical to moving these individuals with learning disabilities onto a pathway to self-sufficiency. Mr. Fey also suggested that all programs build in an effective evaluation component into their system to determine if assessment and referral strategies and accommodations are getting the desired results. The flow chart of the Learning Disabilities Project in Washington State is shown in Exhibit III.

Mr. Fey structured the day of training as an interactive session, filled with dialogue, role-playing and with many questions and answers. The training was well received. The evaluations from the session were positive, and the participants felt that the training day was an excellent start. They believed that Mr. Fey was a “great trainer who provided a foundation in helping the staff understand how to work with clients with LD.” Although an excellent overview, most participants identified a need to continue with the training, particularly in the area of working with employers in developing accommodations for clients with LD.

## **2. ASSESSMENT OF NEW HAMPSHIRE DELIVERY SYSTEM**

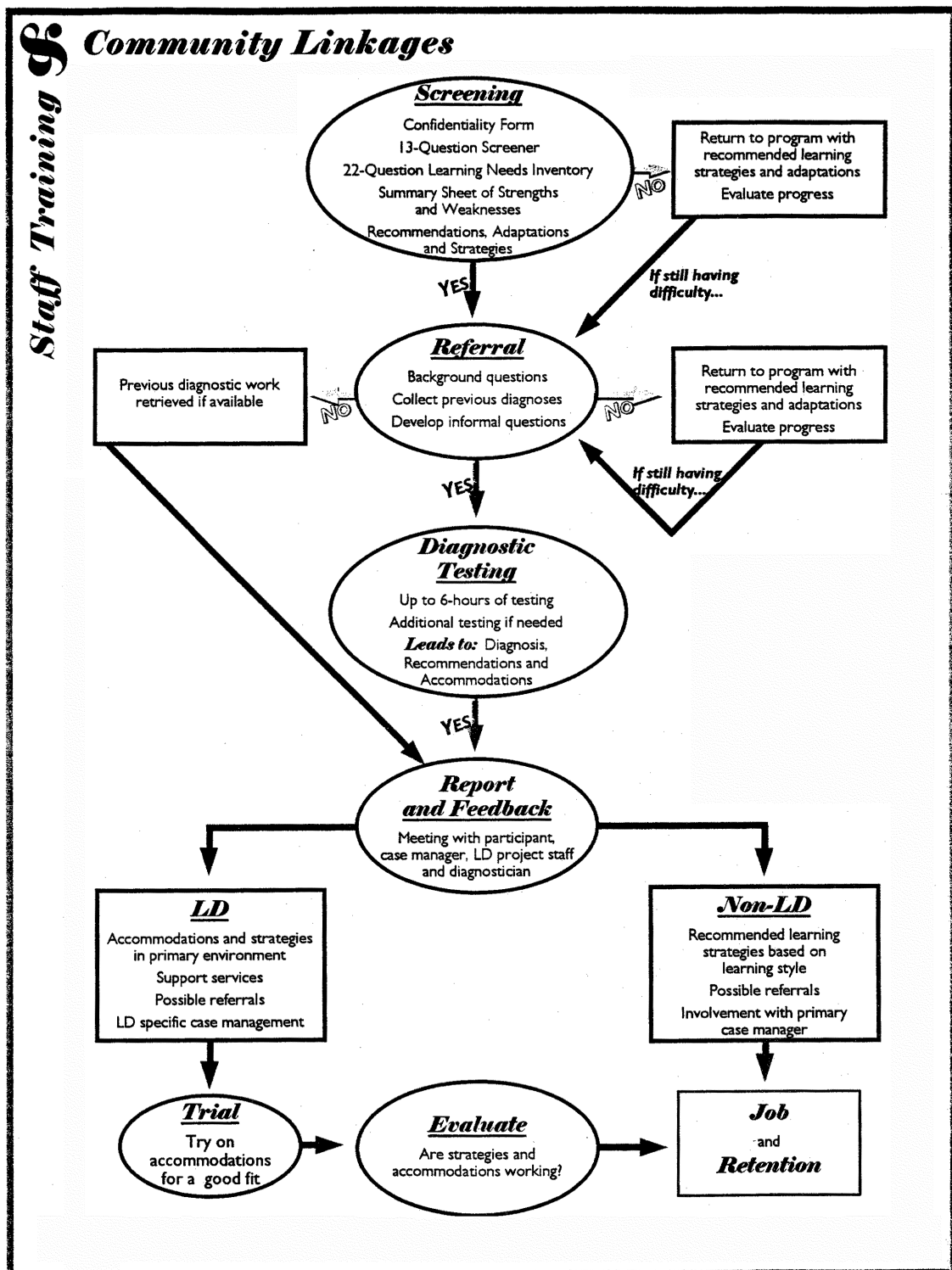
On day two of the site visit, Ms. Lyn Winterfield took the Peer TA team to Concord to meet with Ms. Linda Swenson, Learning Disabilities Coordinator for New Hampshire. The team reviewed the process underway in New Hampshire to identify and refer TANF clients with learning disabilities. The model service delivery strategy suggested by Mr. Fey included the following components:

- Screening
- Diagnostic Testing
- Staff Training
- Linkages/Partnerships
- Employers
- Retention Services
- Consumer Empowerment Advocacy.

For the most part, the New Hampshire referral process included these elements. (See Exhibit IV.) In fact, the Washington State screening instrument used by Mr. Fey in Seattle was also used in New Hampshire. Mr. Fey pointed out the need for the New Hampshire referral process to include a more purposeful information feedback loop to the Learning Disabilities Coordinator for clients referred into the vocational rehabilitation system. Also, Mr. Fey suggested a more comprehensive confidentiality release form that would allow for both vocational rehabilitation system and the employment team to work with the TANF client. Also, it was suggested that more intensive training take place for the employment teams so they might become more familiar with the LD issue and better understand the New Hampshire referral process.

Mr. Fey also suggested implementing a more straightforward secondary informal screening tool, as formal diagnosticians will perform the more detailed tests upon referral. He noted that the initial screening process should take no more than an hour or so before referring the client to more formal testing. He points out that initial screeners should make no attempt to diagnose the client, and that reports should not be diagnostic in nature for liability reasons. The referral system (both “in house” and out) should be formally established using clear, uniform steps and guidelines. Other aspects of the program that Mr. Fey suggests paying close attention to are: the ability of diagnosticians to recognize client issues unrelated to LD (dual-diagnosed clients), and the creation/implementation of post-testing follow-up services.

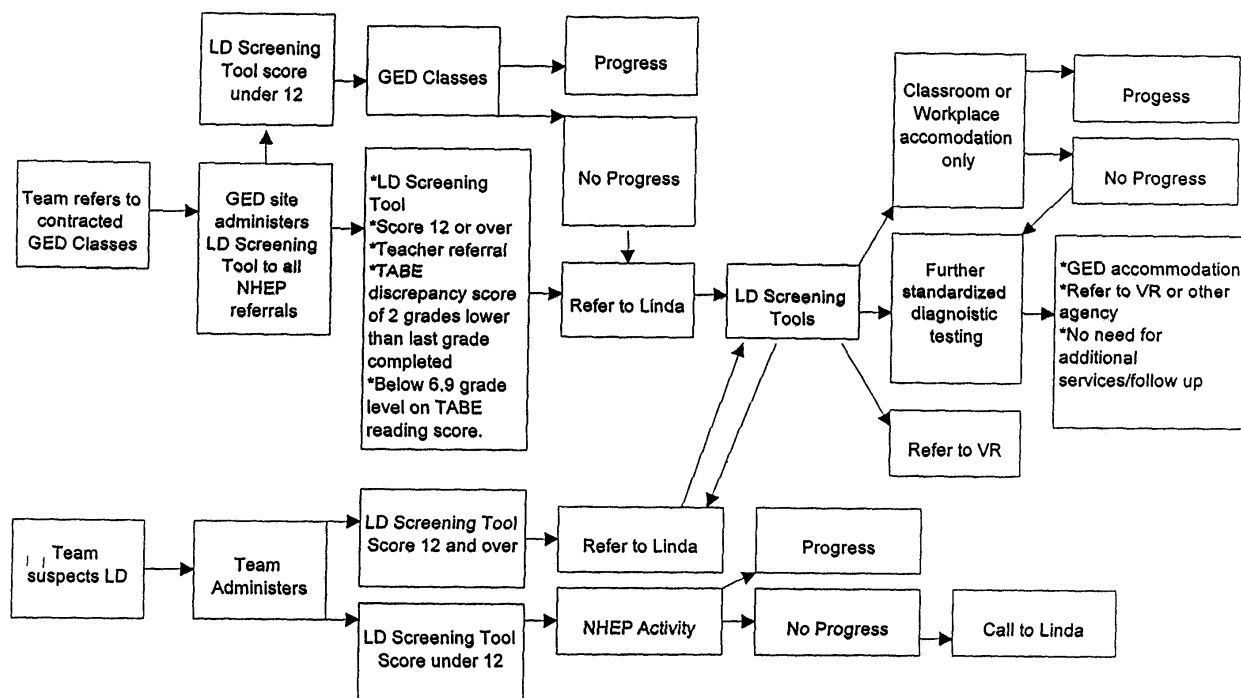
### Exhibit III: Washington State Learning Disabilities Project





## Exhibit IV:

## LD Referral Procedures for GED Site and NHEP Team



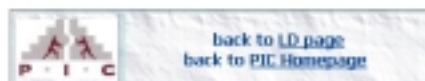
## Exhibit V: Washington State Learning Disabilities Project Learning Needs Screening Tool

### Learning Disabilities Project

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                            |                                      |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------|
| WASHINGTON STATE<br>Dept. of Social<br>Health Services                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                            | <b>LEARNING NEEDS SCREENING TOOL</b> | INTERVIEW DATE   |
| <b>BACKGROUND INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                            |                                      |                  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                            | BIRTH DATE                           | INTERVIEWER NAME |
| JOB NUMBER<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                                                     | HOUSEHOLD TYPE<br><input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents                                                                                                              | COMMUNITY SERVICE OFFICE (CSO)       |                  |
| JOB NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ETHNICITY<br><input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American |                                      |                  |
| AGE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | COMPLETED YEARS OF FORMAL EDUCATION                                                                                                                                                                        |                                      |                  |
| DEGREES<br><input type="checkbox"/> High School diploma <input type="checkbox"/> GED <input type="checkbox"/> Technical/Vocational <input type="checkbox"/> AA degree <input type="checkbox"/> Other (specify):                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                            |                                      |                  |
| WHAT KIND OF JOB WOULD YOU LIKE TO GET?                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                            |                                      |                  |
| DO YOU HAVE EXPERIENCE IN THIS FIELD OR A RELATED FIELD?                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                            |                                      |                  |
| WHAT MAKES IT HARD FOR YOU TO GET OR KEEP THIS KIND OF JOB?                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                            |                                      |                  |
| WHAT WOULD HELP?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                            |                                      |                  |
| <b>BEFORE ANSWERING THE FOLLOWING QUESTIONS, READ THE STATEMENT ALOUD ON THE BACK TO THE CLIENT.</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                            |                                      |                  |
| <b>SEE INSTRUCTIONS ON BACK OF THIS PAGE.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                            |                                      |                  |
| <b>YES</b> SECTION I<br><input type="checkbox"/> 1. Have you had any problems learning in middle school or junior high?<br><input type="checkbox"/> 2. Do you have difficulty working from a text booklet to an answer sheet?<br><input type="checkbox"/> 3. Do you have difficulty or experience problems working with numbers in a column?<br><input type="checkbox"/> 4. Do you have trouble judging distances?<br><input type="checkbox"/> 5. Do any family members have learning problems? |                                                                                                                                                                                                            |                                      |                  |
| <b>1x</b> _____ = _____ = Count the number of "YES's." Multiply by 1.                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                            |                                      |                  |
| <b>YES</b> SECTION II<br><input type="checkbox"/> 6. Have you had any problems learning in elementary school?<br><input type="checkbox"/> 7. Do you have difficulty or experience problems mixing mathematical signs (+/-)?                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                            |                                      |                  |
| <b>2x</b> _____ = _____ = Count the number of "YES's." Multiply by 2.                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                            |                                      |                  |
| <b>YES</b> SECTION III<br><input type="checkbox"/> 8. Do you have difficulty or experience problems filling out forms?<br><input type="checkbox"/> 9. Do you experience difficulty memorizing numbers?<br><input type="checkbox"/> 10. Do you have difficulty remembering how to spell simple words you know?                                                                                                                                                                                   |                                                                                                                                                                                                            |                                      |                  |
| <b>3x</b> _____ = _____ = Count the number of "YES's." Multiply by 3.                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                            |                                      |                  |
| <b>YES</b> SECTION IV<br><input type="checkbox"/> 11. Do you have difficulty or experience problems taking notes?<br><input type="checkbox"/> 12. Do you have difficulty or experience problems adding and subtracting small numbers in your head?<br><input type="checkbox"/> 13. Were you ever in a special program or given extra help in school?                                                                                                                                            |                                                                                                                                                                                                            |                                      |                  |
| <b>4x</b> _____ = _____ = Count the number of "YES's." Multiply by 4.                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                            |                                      |                  |
| <b>TOTAL: If 12 or more, refer for further assessment.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                            |                                      |                  |

*Go to "Side 2" instructions >>*

|                   |                   |                    |                      |                      |
|-------------------|-------------------|--------------------|----------------------|----------------------|
| Background        | What is LD?       | Prevalence of LD   | Signs of LD          | Designing LD Program |
| Screening for LD  | Positive Results  | LD Client Flow     | Formal LD Testing    | Understanding LD     |
| WA Screening Tool | Links to LD sites | Important Fed Laws | For More Information | Broken               |



## Exhibit V: Washington State Learning Disabilities Project Learning Needs Screening Tool (cont.)

### Learning Disabilities Project

*BEFORE ASKING THE FOLLOWING QUESTIONS, READ THIS STATEMENT ALOUD TO THE CLIENT:*

"The following questions are about your school and life experiences. This information will provide a better understanding of the services you will need to be successfully employed. We're trying to find out how it was for you (or your family members) back in school or how some of these issues might affect your life now. These questions will help us identify resources that will aid you in self-sufficiency planning with your caseworker."

Ask all questions:

1. Ask the client each question in Sections I, II, III and IV.
2. Check YES if client answers the question with "yes."
3. In each section, count the number of "yes" answers.
4. Multiply the number of "yes" responses in each section by the number shown in the "Count the number of 'YES's" area. For example, multiply the number of Section III "yes's" by 3.
5. Record that product after the = sign in that area.
6. Add up the numbers after the = sign and enter that total in the Total row.
7. If the Total is 12 or more, the participant may need further assessment and/or referral for employment-related accommodation.

|                                   |                                   |                                    |                                      |                                       |
|-----------------------------------|-----------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| <a href="#">Background</a>        | <a href="#">What is LD?</a>       | <a href="#">Prevalence of LD</a>   | <a href="#">Signs of LD</a>          | <a href="#">Designing LD Programs</a> |
| <a href="#">Screening for LD</a>  | <a href="#">Positive Benefits</a> | <a href="#">LD Client Flow</a>     | <a href="#">Formal LD Testing</a>    | <a href="#">Understanding LD</a>      |
| <a href="#">WA Screening Tool</a> | <a href="#">Links to LD sites</a> | <a href="#">Important Fed Laws</a> | <a href="#">For More Information</a> | <a href="#">Bridges</a>               |



## **APPENDIX A:**

### **AGENDA AND PARTICIPANTS**

# **AGENDA**

## **LEARNING DISABILITIES TRAINING**

Manchester, New Hampshire  
April 4, 2000

### ***Welcome and Introductions***

***9:00 – 9:30 a.m.***

- Introductions
- Myths about learning disabilities

### ***Seattle PIC LD Project Overview***

***9:30 – 10:00 a.m.***

- Review of Project and Services
  - State of Washington LD Project Background
  - PIC Projects Design
  - PIC Project Statistics and Findings

### ***Understanding LD***

***10:00 a.m. – Noon***

- Adult Learners, learning styles, and learning disabilities
  - ELSIE
- Rehabilitation Services Administration Definition and Major Characteristics  
(pgs. 12-13)
- Activity: *Manifestations of LD*
- F.A.T. City Video
- Crossing the midline—revisited
- Co-existence of other disorders
- Attention Deficit Hyperactivity Disorder (ADHD)
- Consequences of the adult with LD (pgs. 27-30)
- Revisiting the myths

### ***Lunch***

***Noon – 1:00 p.m.***

### ***Screening for LD***

***1:00 p.m. – 2:30 p.m.***

- Washington State 13-Question LD Screening Tool
- Training in use of the tool
  - Role play
  - Different formats available
- Screening is a Process

- Role of Screening
- Confidentiality and customer choice
- Vision and Hearing Screening
- Screening vs. Diagnostic Testing
- When to Screen
- Screening is not Diagnosis
- Review Results
- Discussion

***"Big A" and "Small a" of Accommodations***

***2:30 p.m. – 3:00 p.m.***

***Conclusion and Final Thoughts***

***3:00 p.m. – 4:00 p.m.***

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**APPENDIX B:**

**LEARNING DISABILITY TRAINING SIGN-IN SHEET**

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